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Evaluating Corrections-Based Treatment for the Drug-Abusing Criminal Offender†

Kevin Knight, Ph.D.*; Matthew L. Hiller, Ph.D. ** & D. Dwayne Simpson, Ph.D.***

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Abstract—The recent increase in drug abusers in the criminal justice system has led to the expansion of corrections-based drug treatment facilities. Although three key evaluations have provided consistent support for the effectiveness of drug treatment within the criminal justice system, direct comparisons of outcomes across these evaluations are limited by variations in their measurement systems and the structure of official records on which they are based. This article addresses some of the issues relating to the assessment of treatment outcomes for the drug-abusing offender and provides several recommendations for future research.

Keywords—correctional treament, drug abuse treatment, prison-based treatment

The past three decades have witnessed a phenomenal growth in the correctional population, fueled largely by new mandatory sentencing laws and by an increase in the number of criminal offenders who abuse drugs. Recent estimates are that over half of the 10 million admissions to the nation's jails and nearly one million admissions to the federal and state prisons are regular users of illicit drugs (Lipton 1994). In addition, data collected by the National Institute of Justice revealed that 39% to 79% of arrestees across the United States tested positive for one or more drugs (National Institute of Justice 1992).

For many of these offenders, drug treatment within the criminal justice system represents the first potential opportunity for formal intervention. For example, Lipton and his colleagues (1995) found that over 70% of the active street addicts in New York City had never been in treatment, nor did they report any intention to enter treatment. Little is known about the details of treatment experiences (i.e., type and duration) for those who did report previous treatment. However, drug abusers brought into corrections-based treatment, voluntarily or involuntarily, frequently show positive behavioral changes that benefit them as well as society (Anglin, Brecht & Maddahian 1989).

In response to continuing social concerns about the connection between drugs and crime, federal and state

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policymakers have passed legislation (such as the Crime Act of 1994) providing a substantial infusion of resources to initiate and expand treatment efforts (Platt 1995; Leukefeld 1991). The result has been a marked increase in the availability of treatment for offenders. In the Federal Bureau of Prisons (BOP), for example, treatment is being provided to approximately 30% of the prisoners with moderate-to-severe drug use problems, compared to 11% just 10 years ago (Lipton 1995). Similarly, more than half the states are now offering some type of drug treatment program for offenders (Wexler 1995, 1994). For example, Texas, California, and Delaware have implemented large-scale treatment initiatives, building on the demonstrated effectiveness of community-based treatments that include clients involved with the legal system, as well as on previous evidence supporting the effectiveness of corrections-based treatment (e.g., Wexler 1995; Field 1989; Hubbard et al. 1989; De Leon 1985, 1984; Simpson & Sells 1982).

Nonetheless, doubts about the effectiveness of treatment persist, particularly within the field of corrections. Despite mounting evidence that treatment can be beneficial, critics argue that it is ineffective in general and a waste of valuable resources. If there is to be ongoing public and financial support for treatment, corrections-based programs must continue to demonstrate that they have a positive impact on drug-abusing offenders and are cost effective. That is, evidence must establish that treatment is related to a significant reduction in the number of offenders reentering the criminal justice system and returning to drug use.

EVALUATIONS OF CORRECTIONS-BASED DRUG TREATMENT

Studies over the past few years have reported consistently that offenders who complete treatment programs have better outcomes than non-completers and untreated comparison groups, as indicated by significant decreases in recidivism and relapse rates (Knight & Hiller 1997; Lipton 1995; Prendergast, Anglin & Wellisch 1995; De Leon 1985, 1984). Three notable examples include the evaluations of Delaware's Key-Crest (Martin, Butzin & Inciardi 1995), California's Amity (Wexler & Graham 1994), and Texas' Kyle New Vision (Knight et al. 1997) prison-based therapeutic community treatment programs.

The Key-Crest Program

The Key-Crest program, evaluated by the Center for Drug and Alcohol Studies at the University of Delaware, represents a treatment continuum approach that mirrors the offender's custody status (Inciardi et al. 1997). Prisoners with a history of drug-related problems are identified and referred to the Key Therapeutic Community (TC) program, which is segregated from the general population. Following release, as parolees, they enter the next stage of treatment at Crest, a TC-based work-release program (Lockwood, Inciardi & Surratt 1997; Nielsen, Scarpitti & Inciardi 1996). The final phase of treatment consists of outpatient supervised care. Evaluations of this program show that relapse and recidivism rates at six months post-release for Key and Crest graduates are significantly lower than for program dropouts and a nontreatment comparison group (Nielsen, Scarpitti & Inciardi 1996; Martin, Butzin & Inciardi 1995). Findings at 18 months after release show 54% of those who completed both the prison-based and residential work-release aftercare components of treatment had used an illicit drug during the follow-up, and 27% had been rearrested (Inciardi et al. 1997). In contrast, 76% of those who only completed the prison-based TC treatment program had used drugs in the 18-month period, and 55% were rearrested. An untreated comparison group had even poorer outcomes: 85% relapsed to drug use and 56% were rearrested.

Amity Program

Following their evaluation of the Stay'n Out prison-based TC in New York, Wexler and his colleagues at the Center for Therapeutic Community Research began a study of California's Amity program (for a detailed description of the Stay'n Out evaluation, see Wexler, Falkin & Lipton 1990; Wexler & Williams 1986). Located in the Donovan Prison in San Diego, this program was designed to treat 200 substance abusers near the end of their sentence in a modified therapeutic community environment for about one year. Upon release, parolees could go to a 40-bed community-based TC for aftercare (Wexler & Graham 1994). One-year outcomes showed that participants who went through both the prison- and community-based aftercare programs had a reincarceration rate of 25%. This was significantly lower than reincarceration rates of 64% for a group of individuals who did not complete the prison-based program, 66% for a group that completed the prison-based TC but did not participate in the aftercare program, and 67% for an untreated control group (Wexler 1997). Likewise, those who completed both the prison-based TC and aftercare programs had the lowest relapse rate, with only 25% having used a drug, compared to 64% for the prison-based TC dropouts, 66% for the TC completers, and 67% for the comparison group (Wexler 1997).

Kyle New Vision Program

The Kyle New Vision Program was the first in-prison therapeutic community (ITC) developed under 1991 state legislation that initiated plans for a large number of new Texas prisons specializing in treatment. Kyle was a prototype 500-bed facility that provided treatment to inmates during the final nine months of their prison term. After release, parolees were mandated to attend three months of aftercare in a transitional therapeutic community (TTC), followed by up to another year of outpatient care. Evalua-

tion studies conducted at Texas Christian University (TCU) revealed that only 16% of those who completed both ITC and TTC programs were rearrested within one year of their release from prison, compared to 30% of those who completed the ITC but not the TTC phase, and 30% of an untreated comparison group (Knight, Hiller & Simpson 1997). Furthermore, results from hair specimens collected during a six-month post-release follow-up indicated that 35% of those who completed both the ITC and TTC tested positive for cocaine (the primary drug of choice for those in the sample), compared to 47% for the group that completed only the ITC, and 54% for the comparison group (Knight et al. 1998).

MEASUREMENT VARIATIONS

Unfortunately, detailed comparisons of relapse and recidivism rates across these evaluations are complicated by variations in measurement systems, particularly with respect to post-release drug use and the manner in which official records are collected and maintained.

Relapse Indicators

Unlike criminal history information, most states do not currently maintain a system that uniformly collects and records measures of drug use. Researchers must either abstract information from records collected by local criminal justice officials, such as parole and probation officers, or collect the information themselves. For example, while drug use in the Key-Crest program evaluation was based on offender self-reports and on urine tests collected as part of the research protocol (see Inciardi et al. 1997), the Amity project relied almost exclusively on self-report (see Wexler 1995). In the TCU evaluation of the Kyle New Vision Program, relapse indicators were based primarily on the results from hair tests, although urine samples, self-reported drug use, and parole officer reports of drug use were collected as well (Knight et al. 1997). As a result of these variations in measurement, the window of bioassay detection for drug use across these studies ranges from a few days (e.g., urinalysis) to a few months (e.g., hair testing). Furthermore, there are differences in the reliability and validity across data sources. Whereas the accuracy of urine and hair tests is contingent mostly upon sample collection rates and available technology, the reliability and validity of self-disclosed drug use depend on a variety of conditions such as the perceived consequences of disclosure, and level of rapport established between the offender and the follow-up field worker (Knight et al. 1998; Farabee & Fredlund 1996).

Even when a consistent measurement protocol is followed, other issues can complicate the analytic process further, making meaningful comparisons of drug use extremely difficult. For example, offenders who are reincarcerated during the follow-up period have a shorter window of opportunity to use drugs than do those who are not reincarcerated. That is, although reincarcerated individuals might have abstained from drug use, they would have been "at-risk" for a shorter period of time. Therefore, it would be erroneous to conclude that "drug-free" reincarcerated offenders have a better treatment outcome than offenders who are not reincarcerated but have returned to drug use. Thus, studies that examine a return to drug use need a composite or an overall measure of negative outcomes that includes both relapse and recidivism indicators. For example, the Kyle New Vision evaluation found 42% of the ITC and TTC group, 54% of the ITC-only group, and 64% of the comparison group had either been arrested and/or had tested positive for cocaine in the first year after their release from prison (Knight, Simpson & Hiller 1996).

Recidivism Indicators

Despite the need to examine relapse to drug use, recidivism to crime and reincarceration continues to be the primary outcome criterion for assessing the effectiveness of corrections-based treatment programs. As with relapse, indicators of recidivism often differ in how they are operationalized for each evaluation system. For example, recidivism was defined in the TCU evaluation as the occurrence of any arrest—either misdemeanor or felony—as recorded in the Computerized Criminal History (CCH) database maintained by the Texas Department of Public Safety (DPS). A study conducted by the Texas Criminal Justice Policy Council (CJPC) based on the same treatment program also used information from the DPS-CCH system, as well as other sources, but defined recidivism as being sentenced to prison. As a result, the CJPC reported the one-year recidivism rate to be 7% (Eisenberg & Fabelo 1996), whereas the TCU study indicated a recidivism rate of 18%. Although both measures are technically accurate and useful, the information they provide is quite different. Specifically, arrest information reflects a variety of illegal activities, including misdemeanor as well as felony offenses, whereas incarceration usually represents a narrower set of more serious offenses.

Recidivism indicators also may be unreliable and difficult to obtain. For example, an evaluation of the accuracy and completeness of the Texas Criminal justice Information System (CJIS), which includes the DPS-CCH database, concluded that the system is improving, particularly with respect to those in prison or on parole (Fabelo 1996). However, " . . . weaknesses in controls at DPS present a risk that criminal history information on arrests, prosecutions, and court decisions may not be complete, accurate, and timely until controls are strengthened" (Fabelo 1996: i). The evaluation also found that 97% of offenders known to be on parole had a record in the CCH, compared to only half of those known to be on probation. Less than half (44%) of all offenders who had a CCH identification record also had a CCH record reflecting the court disposition

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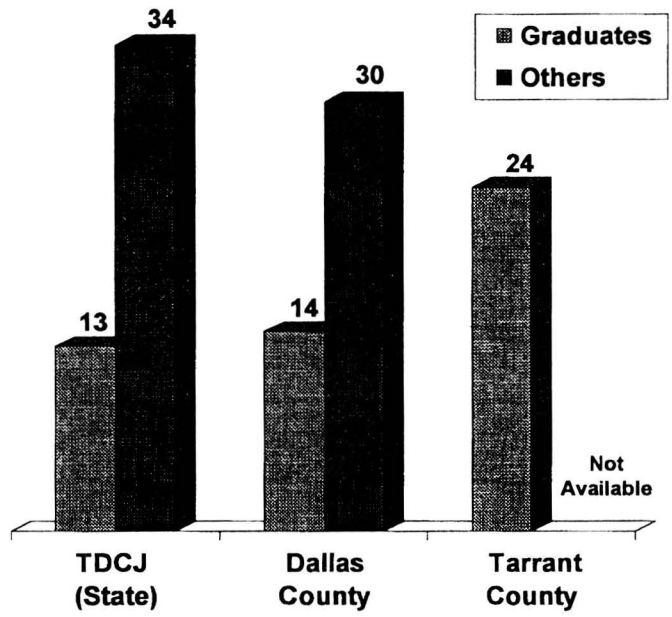
FIGURE 1
Texas Probation-Based Residential Treatment Programs: Comparison of One-year Rearrest Rates



(typically recorded within six months of the disposition date). Records of arrest for those on parole may be useful as an outcome measure, but records of incarceration are limited by the lag in recording the court disposition, particularly when examined within the first few months after release from prison.

NEED FOR COMPARABLE INDICATORS

Using a common set of indicators across studies would strengthen future research assessing the impact of treatment on drug-abusing offenders. The scientific benefits are exemplified in Figure 1, which summarizes findings from two county and one state probation treatment facilities in Texas. The Dallas County facility is a six-month modified therapeutic community and the Tarrant County facility is a four-month program. Probationers with drug problems are mandated to treatment in these facilities in lieu of incarceration (Broome et al. 1996; Hiller et al. 1996). The other probation facility (run by the Texas Department of Criminal Justice, and known as a SAFP—the Substance Abuse Felony Punishment facility) is a nine-month program. Graduates from the Dallas County program and the SAFP, have comparable one-year rearrest rates (14% and 13%, respectively; also see Knight & Hiller 1997). Graduates from the four-month Tarrant County program, however, have a higher rearrest rate (24%; Broome et al. 1996). Because a comparable measure of recidivism was utilized across these studies, researchers now can begin exploring whether differences in offender screening and referral, program type or duration, parole supervision practices, local police actions during the follow-up, or other factors, are responsible for different outcomes.

Likewise, when recidivism is defined consistently across the course of a longitudinal evaluation, changes in outcomes following treatment can be tracked more precisely. For example, drawing on the Kyle New Vision TC program evaluation, Figure 2 illustrates differences in the rearrest rates for the two treated and the untreated comparison groups. Rearrest rates for those who only received the prison-based TC treatment and those in the comparison group were linear and highly comparable during the first year after leaving prison. Although the prison-treated group that received aftercare treatment had a similar rearrest rate for the first three months after release, the rate was measurably lower at six months, and continued at the

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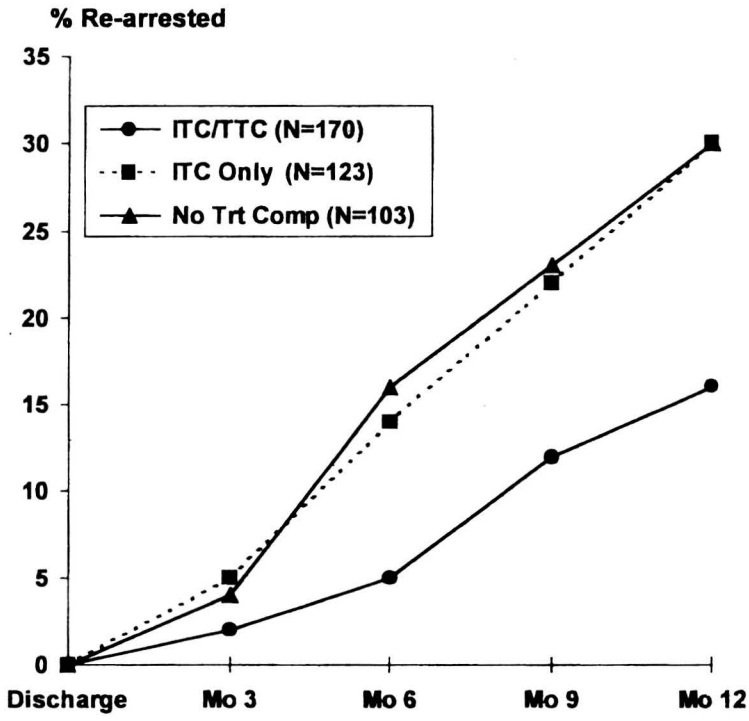
FIGURE 2
Recidivism Rates Following Discharge



lower rate for the remainder of the one-year follow-up. These results suggest that discriminating outcome patterns may not begin to emerge until about six months after release.

CONCLUSION

Corrections-based treatment has been found to be associated with favorable recidivism and relapse rates. Although direct comparisons across corrections-based programs are limited by variations in their measurement systems, the results across these programs are strikingly similar and promising. Studies have shown consistently that, in comparison to untreated offenders, drug-abusing offenders who complete a corrections-based treatment program have lower post-incarceration relapse and recidivism rates, regardless of how these measures have been defined operationally. Furthermore, those who go on to complete an aftercare component of their treatment continuum have the best outcomes. Future evaluations need to use stronger designs and better assessments of the offender screening and treatment referral procedures, and involve information systems that document the intervention process and interim engagement indicators. Outcome criteria should be collected longitudinally and be based on records that are reliable and valid, with sound operational definitions.

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